

PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

- 1. PRIOR TO PLAN REVIEW SUBMITTAL AFTER PLAN REVIEW

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:



PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

3. Project Name: _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? Yes No

State: LA Zip: _____ - _____ Parish: _____

- Complete the following --- if the Building has more than one story?

Number of Stories: _____ Project is on which floor(s)? _____

Is this a high-rise building? Yes No

A high rise is defined as a building with 7 stories or more or 75 ft high or taller.

Estimated Cost of Project: \$ _____

Project Description: _____

4. Select Appeal Type/Deficiency Type/Sub-Type:

A) Life Safety Fire Protection

Means of Egress

Separation and Protection

Egress Capacity

Number of Means of Egress

Arrangement

Travel Discharge

Exit Discharge

Area of Refuge

Fire Protection Construction/Compartmentation

Fire Barrier Requirements

Smoke Partitions/Barriers

Vertical Opening Protection

Special Hazard Protection

Travel Discharge

Exit Discharge

Heating Ventilation and Air Conditioning

Fire Alarm Requirements

Automatic Sprinkler System Requirements

General

Technical

Suppression System Requirements

Interior Finish

Other

4. Select Appeal Type/Deficiency Type/Sub-Type: (cont.)

- B)** Accessibility
 - General Accessibility
 - Accessible Routes
 - Parking
 - Toilet Rooms
 - Bathing Rooms
 - Reach Range
 - Clear Floor Space
 - Changes in Level
 - Doors
 - Ramps
 - Stairs
 - Handrails
 - Other
- C)** Subsequent Appeal
- D)** Product Evaluation
- E)** Building Code Equivalencies for Industrialized Buildings
- F)** Smoke Generation and/or Timed Egress Flow Analysis

5. Description of Deficiency: _____

6. Proposed Equivalency: _____

7. Select your Architectural Review Type:

- New Construction
 - Complete Build-out
 - Partial Build-out
 - Foundation Only
 - Shell
- Renovation or Addition to an Existing Building
 - Alteration Level 1 (Minor alterations or repairs)
 - Alteration Level 2 (<50% of the square foot age of the building)
 - Alteration Level 3 (50% or more of the square foot age of the building)
 - Addition(s)
 - Change in use of the building
 - Kitchen Exhaust Hood Construction
 - Paint Booth Construction
 - Generator Installation Level I/Level II
 - Level I
 - Level II
 - Clean Agent Room Construction
- Temporary Construction Building Installation or Tents Number of Temporary Buildings or Tents: _____
Number of Months Building or Tent will be Utilized: _____
- Are you pursuing a DHH License for a Healthcare facility? Yes No

8. LOUISIANA STATE UNIFORM CONSTRUCTION CODE

- Office of State Fire Marshal (*ELIGIBLE JURISDICTIONS ONLY*)
- Parish or Municipal Permitting Office
- Registered Third Party Provider
- Third Party Provider's LSUCCC Registration Number: _____

9. OCCUPANCY CLASSIFICATION(s)

- ASSEMBLY _____ square feet
 - 50 TO 299 OCCUPANTS 300 TO 499 OCCUPANTS
 - 500 TO 999 OCCUPANTS 1,000 OCCUPANTS OR MORE
 - Group A-1 Group A-2 Group A-3 Group A-4 Group A-5
- INSTITUTIONAL _____ square feet
 - Group I-1 (Group ~~C~~)
 - Group I-2 (Health Care)
 - HOSPITAL LIMITED CARE FACILITY NURSING HOME
 - Group I-3 (Detention/Correction)
 - CONDITION 1 CONDITION 2 CONDITION 3 CONDITION 4
 - Group I-4 (Day-Care)
 - Number of Children over 2-1/2 years of age: _____
 - Number of Children 2-1/2 years of age or less: _____
 - Number of Adults (if Adult Day Care): _____

- BUSINESS _____ square feet
- MERCANTILE _____ square feet
 - Class A (>30,000 sq. ft.)
 - Class B (Between 3,000 and 30,000 sq. ft.)
 - Class C (<3,000 sq. ft.)
- EDUCATIONAL OR DAY-CARE _____ square feet
 - School/Classroom
 - Day Care

Number of Children over 2-1/2 years of age: _____

Number of Children 2-1/2 years of age or less: _____

Number of Adults (if Adult Day Care): _____

- RESIDENTIAL _____ square feet
 - Group R-1 (Hotel/Motel - Primarily Transient)
 - Group R-2 (Apartments- Primarily Permanent)
 - Group R-3 (Small Miscellaneous)
 - Group R-4 (Small Residential Care for <16 Occupants)
 - Number of Occupants: _____
- FACTORY / INDUSTRIAL _____ square feet
 - Group F-1 (Moderate Hazard)
 - Group F-2 (Low Hazard)
 - High Hazard
 - GROUP H-1 DETONATION HAZARD
 - GROUP H-2 DEFLAGRATION HAZARD
 - GROUP H-3 COMBUSTIBLE HAZARD
 - GROUP H-4 HEALTH HAZARD
 - GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

- STORAGE _____ square feet
 - GROUP S-1 (Moderate Hazard) → Identify the materials to be stored: _____
 - GROUP S-2 (Low Hazard) → _____

- HIGH HAZARD **STORAGE**
 - GROUP H-1 DETONATION HAZARD
 - GROUP H-2 DEFLAGRATION HAZARD
 - GROUP H-3 COMBUSTIBLE HAZARD
 - GROUP H-4 HEALTH HAZARD
 - GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

- UTILITY / MISCELLANEOUS _____ square feet

Provide a Description of Use: _____



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: _____ SQ FT

10. ADDITIONAL FEATURES

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sprinkler System – 13 | <input type="checkbox"/> Stage or Platform | <input type="checkbox"/> Motor-Vehicle Related |
| <input type="checkbox"/> Sprinkler System – 13 D | <input type="checkbox"/> Aircraft Related | <input type="checkbox"/> Special Amusement |
| <input type="checkbox"/> Sprinkler System – 13 R | <input type="checkbox"/> Owned and Operated By a Religious Entity | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Kitchen Hood Fire Suppression System | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> University / College |
| <input type="checkbox"/> Boiler(s) | <input type="checkbox"/> Special Locking System(s) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Paint Booth | <input type="checkbox"/> Generator (Required) |
| <input type="checkbox"/> Covered Mall Building | <input type="checkbox"/> Casino/Gaming Area | <input type="checkbox"/> Generator (Non-Required) |
| <input type="checkbox"/> Underground Building | <input type="checkbox"/> Atrium | <input type="checkbox"/> Ambulatory Health Care |

11. CONSTRUCTION TYPE

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> V-B / V(000)
(NON-RATED WOOD) | <input type="checkbox"/> V-A / V(111)
(FIRE-RATED WOOD) | <input type="checkbox"/> IV-HT / IV(2HH)
(HEAVY TIMBER) | <input type="checkbox"/> III-B / III(200)
(COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211)
(COMBINATION WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000)
(NON-RATED STEEL/CONC) | <input type="checkbox"/> II-A / II(111)
(1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222)
(2 HOUR RATED STEEL/CONC) |
| <input type="checkbox"/> I-A / I(332)
(3 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-A / I(442)
(4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> Not Provided / Unknown | |

12. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT)

PROFESSIONAL OF RECORD

P.O.R is a Louisiana Licensed Engineer Louisiana License Number: _____

Architect Louisiana License Number: _____

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

OWNER

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

TENANT

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

CONTRACTOR

LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
NAME OF FIRM		PHONE	FAX	EMAIL	
STREET ADDRESS					
ZIP Code	PARISH/COUNTY		CITY	STATE	

ADDITIONAL CONTACT

LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
NAME OF FIRM		PHONE	FAX	EMAIL	
STREET ADDRESS					
ZIP Code	PARISH/COUNTY		CITY	STATE	

13. DOCUMENTS PROVIDED FOR REVIEW

- Correspondence Plans Shop Drawings Specifications Photographs

This section allows the applicant (any owner, professional of record, contractor, developer, or manufacturer) to clearly identify all records containing proprietary or trade secret information submitted to the Office of State Fire Marshal, as documents that contain confidential, proprietary, or trade secret information, in accordance with the Public Records Law, specifically R.S. 44:3.2(D). Any record disclosures will be made in accordance with the Public Records Law.

- DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION
- DOCUMENT DOES NOT CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

14. REVIEW FEE & PAYMENT

- a. Money orders, cashier's checks, certified checks, and company checks are accepted.
Personal checks accepted – must include LA driver's license number on check.
- b. Appeal Requests

Note: Charge is per each issue.

Handicapped Accessibility	\$ 25
Life Safety / Fire Code Appeals	\$ 100
Smoke Control Reviews (\$50 for resubmission)	\$ 100
Timed Egress (\$50 for resubmission)	\$ 100
Other Appeals (\$50 for resubmission)	\$ 100